

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Independence USA PAC		FEC IDENTIFICATION NUMBER ▼ C C00532705	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Hawkfish LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2020	
Mailing Address 909 Third Avenue		Amount 31001.50	
City New York	State NY	Zip Code 10022	Transaction ID : SE.6912
Purpose of Expenditure Digital Advertising Production (Estimate)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BIDEN, JOSEPH R JR, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Schoen Cooperman Research		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2020	
Mailing Address 350 S. Collier Blvd Suite 308		Amount 12500.00	
City Marco Island	State FL	Zip Code 34145	Transaction ID : SE.6918
Purpose of Expenditure Research (Estimate)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate BIDEN, JOSEPH R JR, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43501.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wolfson, Howard, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 22 / 2020

Signature

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PAGE	2	OF	2
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Full Name of Payee SKDKnickerbocker LLC		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>21</td><td></td><td></td> <td>2020</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	10			21			2020			
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Mailing Address 1150 18th Street, NW Suite 800		Amount <table border="1"> <tr> <td colspan="10">9750.00</td> </tr> </table>		9750.00																			
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City Washington	State DC	Zip Code 20036	Transaction ID : SE.6914																				
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(a) SUBTOTAL of Itemized Independent Expenditures.....	►	<table border="1"> <tr> <td colspan="10">28300.00</td> </tr> </table>	28300.00									
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Signature

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Date

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2020			